



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name DOVE		First Name TERRY		Middle Name		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 810 N. Grant Ave				5. FAX (Optional)		6. E-mail Address (Optional) Brep219@yahoo.com			
7. City Indianapolis		State IN	ZIP Code 46201	8. County Marion		9. Telephone (Day) 317.701.4191		10. Telephone (Evening)	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Center Township Trustee					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name Terry Dove for Trustee									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 810 N. Grant Ave				15. FAX (Optional)		16. E-mail Address (Optional) Brep218@yahoo.com			
17. City Indianapolis		State IN	ZIP Code 46201	18. County Marion		19. Telephone		20. Committee Organization Date (MM-DD-YY) 2-	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Terry Dove									
22. Mailing Address <input type="checkbox"/> Check if this is a new address				23. FAX (Optional)		24. E-mail Address (Optional)			
25. City		State	ZIP Code	26. County		27. Telephone (Day)		28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) M&I Bank									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer ERINE DOVE		Signature of the Committee Chairperson Terry Dove			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer ERINE DOVE									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 810 N. Grant Ave				35. FAX (Optional)		36. E-mail Address (Optional) mcd1159@hotmail.com			
37. City Indianapolis		State IN	ZIP Code 46201	38. County Marion		39. Telephone (Day) 317.531-5238		40. Telephone (Evening) 317.1041-2830	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson TERRY DOVE		Signature of Chairperson Terry Dove				Date (MM-DD-YY) 2-3-10			
43. Typed or Printed Name of Candidate TERRY DOVE		Signature of Candidate Terry Dove				Date (MM-DD-YY) 2-3-10			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									

FOR OFFICE USE ONLY

Elizabeth A. White

FEB 03 2010

FILED